

2020 OC HMIS: PROJECT INTAKE FORM — SSVF

CLIENT PROFILE

SOCIAL SECURITY NUMBER (SSN)	<table border="1"> <tr> <td></td><td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td> </tr> </table>				—			—				
			—			—						

QUALITY OF SSN				
<input type="checkbox"/> Full SSN reported	<input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

CLIENT'S NAME																	N/A
Last																	<input type="checkbox"/>
First																	
Middle																	
Suffix																	

QUALITY OF NAME				
<input type="checkbox"/> Full name reported	<input type="checkbox"/> Partial, street name, or code name reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

DATE OF BIRTH	<table border="1"> <tr> <td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td><td></td><td></td><td>Age:</td> </tr> <tr> <td colspan="3" style="text-align: center;">Month</td> <td colspan="3" style="text-align: center;">Day</td> <td colspan="3" style="text-align: center;">Year</td> <td colspan="3"></td> </tr> </table>			—			—							Age:	Month			Day			Year					
		—			—							Age:														
Month			Day			Year																				

QUALITY OF DOB				
<input type="checkbox"/> Full DOB reported	<input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

GENDER		
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female)	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

RACE		
<input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

ETHNICITY		
<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

VETERAN STATUS		
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	

If 'YES' to Veteran Status	
Year entered military service (year)	_____
Year separated from military service (year)	_____

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Theater of Operations: World War II		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Theater of Operations: Korean War		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Theater of Operations: Vietnam War		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Theater of Operations: Persian Gulf War		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Theater of Operations: Afghanistan		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Theater of Operations: Iraq (Operation Iraqi Freedom)		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Theater of Operations: Iraq (Operation New Dawn)		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

Branch of the Military		
<input type="checkbox"/> Army	<input type="checkbox"/> Marines	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Client refused
<input type="checkbox"/> Navy		<input type="checkbox"/> Data not collected

Discharge Status		
<input type="checkbox"/> Honorable	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Client refused
<input type="checkbox"/> Other than honorable conditions (OTH)	<input type="checkbox"/> Uncharacterized	<input type="checkbox"/> Data not collected

OC OPTIONAL QUESTIONS

Alias	_____	
Pronouns(s)	<input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His	<input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other: _____

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PROJECT ENROLLMENT

RELATIONSHIP TO HEAD OF HOUSEHOLD

<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: non-relation member
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PROJECT NAME											
PROJECT START DATE	<table border="1"> <tr> <td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td> </tr> </table>			—			—				
		—			—						
HOUSING MOVE-IN DATE <i>(For PSH, PH with no disability requirement, and RRH Projects: Record the date a client or household moves in to a permanent housing unit)</i>	<table border="1"> <tr> <td></td><td></td><td>—</td><td></td><td></td><td>—</td><td></td><td></td><td></td><td></td> </tr> </table>			—			—				
		—			—						

PRIOR LIVING SITUATION for project types *other than* Street Outreach, Emergency Shelter, or Safe Haven

Type of Residence 3.917B <i>(Type of living arrangement on the night before the entry into the project)</i>		
HOMELESS SITUATION		
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven		
INSTITUTIONAL SITUATION		
<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	
TRANSITIONAL AND PERMANENT HOUSING SITUATION		
<input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including Homeless Youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
Length of Stay in Prior Living Situation <i>(How long ago did the client start staying in that Type of Residence)</i>		
<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One month or more, but less than 90 days <input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

If Client's Type of Residence is any of the Homeless Situation options:

Approximate Date Homelessness Started <i>(Approximate date the client's current episode of homelessness began)</i>
____/____/_____

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Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today <i>(Regardless of where they stayed last night)</i>		
<input type="checkbox"/> One time	<input type="checkbox"/> Three times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two times	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected		
Total number of months homeless on the streets, in ES, or SH in the past three years		
<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> Six Months	<input type="checkbox"/> Eleven Months
<input type="checkbox"/> Two Months	<input type="checkbox"/> Seven Months	<input type="checkbox"/> Twelve Months
<input type="checkbox"/> Three Months	<input type="checkbox"/> Eight Months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Four Months	<input type="checkbox"/> Nine Months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Five Months	<input type="checkbox"/> Ten Months	<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected		

If Client's Type of Residence is any of the Institutional Situation options:

Length of Stay Less than 90 days? <i>(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If Client's Type of Residence is any of the Transitional and Permanent Housing Situation options:

Length of Stay Less than 7 nights? <i>(Indicate if the stay in the transitional or permanent housing setting they lived in immediately prior to project entry was less than 7 nights)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If 'Length of Stay Less than 90 days' is YES—OR— If 'Length of Stay Less than 7 nights' is YES

On the night before – stayed on streets, ES or Safe Haven? <i>(On the night before the client's stay of less than 90 days in an institutional setting, or less than 7 nights in a transitional/permanent housing setting, were they on the streets, in an Emergency Shelter, or in a Safe Haven?)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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If 'On the night before – stayed on streets, ES, or Safe Haven' is YES

Approximate Date Homelessness Started <i>(Approximate date the client's current episode of homelessness began)</i>		
____/____/____		
Number of times the client has been on the streets, in ES, or Save Haven in the past three years including today <i>(Regardless of where they stayed last night)</i>		
<input type="checkbox"/> One time	<input type="checkbox"/> Three times	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two times	<input type="checkbox"/> Four or more times	<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected		
Total number of months homeless on the streets, in ES, or SH in the past three years		
<input type="checkbox"/> One month (this time is the first month)	<input type="checkbox"/> Six Months	<input type="checkbox"/> Eleven Months
<input type="checkbox"/> Two Months	<input type="checkbox"/> Seven Months	<input type="checkbox"/> Twelve Months
<input type="checkbox"/> Three Months	<input type="checkbox"/> Eight Months	<input type="checkbox"/> More than 12 months
<input type="checkbox"/> Four Months	<input type="checkbox"/> Nine Months	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Five Months	<input type="checkbox"/> Ten Months	<input type="checkbox"/> Client refused
<input type="checkbox"/> Data not collected		

LAST PERMANENT ADDRESS

Prior Street Address			Prior City		
Prior State			Zip Code		
Prior Address Data Quality	<input type="checkbox"/> Full address reported	<input type="checkbox"/> Incomplete or estimated address reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

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DISABLING CONDITIONS AND BARRIERS

Do you have a disabling condition?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

Are you a survivor of domestic or intimate partner violence?

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

If Yes for survivor of domestic or intimate partner violence

When did this experience occur?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to twelve months ago (excluding one year exactly) <input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Are you currently fleeing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

MONTHLY INCOME AND SOURCES

Income from Any Source	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source (Check all that apply)	Monthly Amount
<input type="checkbox"/> Earned Income	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Worker's Compensation	
<input type="checkbox"/> Private Disability Insurance	
<input type="checkbox"/> VA Service-Connected Disability Compensation	
<input type="checkbox"/> Social Security Disability Income (SSDI)	
<input type="checkbox"/> Supplemental Security Income (SSI)	
<input type="checkbox"/> Retirement Income from Social Security	
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	
<input type="checkbox"/> Pension or retirement income from a former job	
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/> General Assistance (GA)	
<input type="checkbox"/> Alimony or other spousal support	
<input type="checkbox"/> Child Support	
<input type="checkbox"/> Other Cash Income (Specify: _____)	

NON-CASH BENEFITS

Receiving Non-Cash Benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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IF "YES" TO RECEIVING NON-CASH BENEFITS- INDICATE ALL SOURCES THAT APPLY	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> TANF Transportation Services
<input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Other TANF-funded services
<input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> Other Non-Cash Benefits (Specify Source): _____

HEALTH INSURANCE

Covered by Health Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IF "YES" TO COVERED BY HEALTH INSURANCE- INDICATE ALL SOURCES THAT APPLY		
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> Insurance Obtained through COBRA	
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Private Pay Health Insurance	
<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> State Health Insurance for Adults	
<input type="checkbox"/> Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Indian Health Services Program	
<input type="checkbox"/> Employer-provided Health Insurance	<input type="checkbox"/> Other Health Insurance (Specify Source): _____	

ADDITIONAL INFORMATION

VAMC Station Number	_____	
Connection with SOAR?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Household Income as a Percentage of AMI	<input type="checkbox"/> Less than 30% <input type="checkbox"/> 30% to 50% <input type="checkbox"/> Greater than 50%	
Last Grade Completed	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some College	<input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Employed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
If No for Employed, Why not employed?	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work	
If Yes for Employed, What type of employment do you have?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal / sporadic (including day labor)	

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SSVF TARGETING CRITERIA (For Homeless Prevention Projects ONLY)

Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation.	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
Current housing loss expected within:	<input type="checkbox"/> 0 – 6 Days <input type="checkbox"/> 7 – 13 Days	<input type="checkbox"/> 14 – 21 Days <input type="checkbox"/> More than 21 Days (0 points)
Current household income is \$0	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
Annual household gross income amount	<input type="checkbox"/> 0-14% of Area Median Income (AMI) for household size <input type="checkbox"/> 15-30% of AMI for household size <input type="checkbox"/> More than 30% of AMI for household size (0 points)	
Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
Rental Evictions within the Past 7 Years	<input type="checkbox"/> 4 or more prior rental evictions <input type="checkbox"/> 2-3 prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> No prior rental evictions (0 points)	
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
History of Literal Homelessness (street/shelter/transitional housing)	<input type="checkbox"/> 4 or more times or total of at least 12 months in past three years <input type="checkbox"/> 2-3 times in past three years <input type="checkbox"/> 1 time in past three years <input type="checkbox"/> None (0 points)	
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
Registered sex offender	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
At least one dependent child under age 6	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
Single parent with minor child(ren)	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
Any Veteran in household served in Iraq or Afghanistan	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
Female Veteran	<input type="checkbox"/> No (0 points)	<input type="checkbox"/> Yes
HP applicant total points (integer)	_____	
Grantee targeting threshold score (integer)	_____	

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OC CUSTOM QUESTIONS

What city were you in immediately prior to entry into this project?			
<i>The city in which the client spent the night prior to entry into this project</i>			
<input type="checkbox"/> Aliso Viejo	<input type="checkbox"/> Huntington Beach	<input type="checkbox"/> Newport Beach	<input type="checkbox"/> Westminster
<input type="checkbox"/> Anaheim	<input type="checkbox"/> Irvine	<input type="checkbox"/> Orange	<input type="checkbox"/> Yorba Linda
<input type="checkbox"/> Brea	<input type="checkbox"/> La Habra	<input type="checkbox"/> Placentia	<input type="checkbox"/> Unincorporated Orange County
<input type="checkbox"/> Buena Park	<input type="checkbox"/> La Palma	<input type="checkbox"/> Rancho Santa Margarita	<input type="checkbox"/> Outside Orange County, but in California
<input type="checkbox"/> Costa Mesa	<input type="checkbox"/> Laguna Beach	<input type="checkbox"/> San Clemente	<input type="checkbox"/> Outside of California
<input type="checkbox"/> Cypress	<input type="checkbox"/> Laguna Hills	<input type="checkbox"/> San Juan Capistrano	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Dana Point	<input type="checkbox"/> Laguna Niguel	<input type="checkbox"/> Santa Ana	<input type="checkbox"/> Client Refused
<input type="checkbox"/> El Modena	<input type="checkbox"/> Laguna Woods	<input type="checkbox"/> Seal Beach	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Fountain Valley	<input type="checkbox"/> Lake Forest	<input type="checkbox"/> Stanton	
<input type="checkbox"/> Fullerton	<input type="checkbox"/> Los Alamitos	<input type="checkbox"/> Tustin	
<input type="checkbox"/> Garden Grove	<input type="checkbox"/> Mission Viejo	<input type="checkbox"/> Villa Park	
Phone Number (Optional)			
Email Address (Optional)			

What state were you born in?				
<input type="checkbox"/> AL - Alabama	<input type="checkbox"/> GA - Georgia	<input type="checkbox"/> MA - Massachusetts	<input type="checkbox"/> NM - New Mexico	<input type="checkbox"/> TN - Tennessee
<input type="checkbox"/> AL- Alaska	<input type="checkbox"/> HI - Hawaii	<input type="checkbox"/> MI - Michigan	<input type="checkbox"/> NY - New York	<input type="checkbox"/> TX - Texas
<input type="checkbox"/> AZ - Arizona	<input type="checkbox"/> ID - Idaho	<input type="checkbox"/> MN - Minnesota	<input type="checkbox"/> NC - North Carolina	<input type="checkbox"/> UT - Utah
<input type="checkbox"/> AR- Arkansas	<input type="checkbox"/> IL - Illinois	<input type="checkbox"/> MS - Mississippi	<input type="checkbox"/> ND - North Dakota	<input type="checkbox"/> VT - Vermont
<input type="checkbox"/> CA - California	<input type="checkbox"/> IN - Indiana	<input type="checkbox"/> MO - Missouri	<input type="checkbox"/> OH - Ohio	<input type="checkbox"/> VA - Virginia
<input type="checkbox"/> CO - Colorado	<input type="checkbox"/> IA - Iowa	<input type="checkbox"/> MT - Montana	<input type="checkbox"/> OK - Oklahoma	<input type="checkbox"/> WA - Washington
<input type="checkbox"/> CT- Connecticut	<input type="checkbox"/> KS - Kansas	<input type="checkbox"/> NE - Nebraska	<input type="checkbox"/> OR - Oregon	<input type="checkbox"/> WV - West Virginia
<input type="checkbox"/> DE - Delaware	<input type="checkbox"/> KY - Kentucky	<input type="checkbox"/> NV - Nevada	<input type="checkbox"/> PA - Pennsylvania	<input type="checkbox"/> WI - Wisconsin
<input type="checkbox"/> DC - District of Columbia	<input type="checkbox"/> LA - Louisiana	<input type="checkbox"/> NH - New Hampshire	<input type="checkbox"/> RI - Rhode Island	<input type="checkbox"/> WY - Wyoming
<input type="checkbox"/> FL - Florida	<input type="checkbox"/> ME - Maine	<input type="checkbox"/> NJ - New Jersey	<input type="checkbox"/> SC - South Carolina	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> MD - Maryland		<input type="checkbox"/> SD - South Dakota	<input type="checkbox"/> Client Refused
				<input type="checkbox"/> Other
<i>If 'Other' for State you were born,</i>				
Which country were you born in?				
Employment Status	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Disabled	<input type="checkbox"/> Client Refused	
	<input type="checkbox"/> Seasonal/Temporary Work	<input type="checkbox"/> Retired	<input type="checkbox"/> Data not collected	

I certify that the information above is correct to the best of my knowledge.

Client Signature

Date

Agency Staff Signature

Date

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DO NOT ANSWER QUESTIONS BELOW – DATA ENTRY PERSONNEL ONLY (Optional):

Date entered into HMIS: ____/____/____

Question	Answer	Comments
Was the hard copy intake form completely filled out correctly?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Staff Name (verifying completion of Data Entry): _____